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Bib Data Sheet

CONFIRMATION NO. 3411

SERIAL NUMBER	FILING OR 371(c) DATE / RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/678,767	10/03/2003	514	1617	CYPR 105/108

APPLICANTS

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**** CONTINUING DATA **********

This appln claims benefit of 60/415,739 10/03/2002
and claims benefit of 60/431,550 12/06/2002
and claims benefit of 60/443,081 01/28/2003
and claims benefit of 60/443,203 01/28/2003

**** FOREIGN APPLICATIONS **********

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 12/29/2003

Foreign Priority claimed	35 USC 119 (a-d) conditions met	Verified and Acknowledged	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
☐ yes ☐ no	☐ yes ☐ no ☐ Met after Allowance	Examiner's Signature Initials	CA	10	28	2

ADDRESS

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TITLE

Dosage escalation and divided daily dose of anti-depressants to treat neurological disorders

FILING FEE RECEIVED	FEES: Authority has been given in Paper
522	No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:

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☐ 1.16 Fees (Filing)
☐ 1.17 Fees (Processing Ext. of time)
☐ 1.18 Fees (Issue)
☐ Other _____
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